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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: | Identify Yourself | | | |
|-----|--------------------------------|---|---|---|---|
| | | | About Debtor 1: | Δ | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | | |
| | your pictu exar licer | e the name that is on government-issued ire identification (for nple, your driver's ise or passport). | Mohammad First name H. Middle name | | First name Middle name |
| | iden | g your picture tification to your ting with the trustee. | Khan Last name and Suffix (Sr., Jr., II, III) | L | ast name and Suffix (Sr., Jr., II, III) |
| 2. | use Inclu | other names you have d in the last 8 years ade your married or den names. | Mohammed H. Khan | | |
| 3. | you num Indi | the last 4 digits of r Social Security liber or federal vidual Taxpayer tification number | xxx-xx-0144 | | |

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Case number (if known)

Debtor 1 Mohammad H. Khan

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 660 W. Seminole | If Debtor 2 lives at a different address: | | | |
| | | Round Lake, IL 60073 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Lake County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Case number (if known) Debtor 1 Mohammad H. Khan

| ⊃ar | t 2: Tell the Court About | Your E | 3ankruptcy Ca | ise | | | | |
|-----|---|--|----------------|-------------------------------|-----------------------|----------------|--|------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see Notice | | 11 U.S.C. § 342(b) for Individuals Filing for Bar e box. | nkruptcy |
| | choosing to file under | | Chapter 7 | | | | | |
| | | | Chapter 11 | | | | | |
| | | | Chapter 12 | | | | | |
| | | | Chapter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's checorder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card of a pre-printed address. | | | | | ourself, you may pay with cash, cashier's check | , or money |
| | | | | | tallments. If you ch | | on, sign and attach the Application for Individua | als to Pay |
| | | | Ū | | • | , | n only if you are filing for Chapter 7. By law, a ju | udge may, |
| | | | applies to you | ur family size ar | nd you are unable to | pay the fee in | ur income is less than 150% of the official poven installments). If you choose this option, you motical Form 103B) and file it with your petition. | |
|). | Have you filed for bankruptcy within the | ■ N | 0. | | | | | |
| | last 8 years? | ПΥ | es. | | | | | |
| | | | District | | Wh | | | |
| | | | District | | Wh | | | |
| | | | District | | Wh | en | Case number | |
| 10. | Are any bankruptcy | ■ N | | | | | | |
| | cases pending or being filed by a spouse who is | □ Y | | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | Wh | en | Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | Wh | en | Case number, if known | |
| 11. | Do you rent your | N | Go to li | ine 12. | | | | |
| | residence? | _ · | | our landlord obta | ained an eviction jud | dgment agains | st you and do you want to stay in your residence | e? |
| | | - Y | es. , | No. Go to line | • | 5 | , | |
| | | | = | | | 4 - | Andrew Andrew Van / F | era acr |
| | | | | Yes. Fill out Inbankruptcy pe | | ıt an Eviction | Judgment Against You (Form 101A) and file it v | vith this |

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Desc Main Document Page 4 of 56 Case number (if known) Debtor 1 Mohammad H. Khan Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| | No. |
|---|-----|
| _ | |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Mohammad H. Khan

Case number (if known)

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 56 Case number (if known) Debtor 1 Mohammad H. Khan Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Mohammad H. Khan Signature of Debtor 2 Mohammad H. Khan Signature of Debtor 1 Executed on October 9, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Mohammad H. Khan Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ C. DEAN MATSAS Signature of Attorney for Debtor | Date | October 9, 2017 MM / DD / YYYY | | | | | |
|---|---------------|--------------------------------|--|--|--|--|--|
| C. DEAN MATSAS | | | | | | | |
| Printed name | | | | | | | |
| C. DEAN MATSAS & ASSOCIATES Firm name | | | | | | | |
| 5153 N. BROADWAY CHICAGO, IL 60640 | | | | | | | |
| Number, Street, City, State & ZIP Code | | | | | | | |
| Contact phone 773-907-9600 | Email address | CDMATSAS@MATSASLAW.COM | | | | | |
| Bar number & State | | | | | | | |

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| | | Docum | THE TAGE OF ST | | | | | |
|--|--------------------------|-------------------|----------------|--|--|--|--|--|
| ill in this information to identify your case: | | | | | | | | |
| Debtor 1 | Mohammad H. Kh | an | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | |
| Case number _ | | | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets | | |
|-----|--|------------|----------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 20,337.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 20,337.00 |
| Par | 12: Summarize Your Liabilities | | |
| | | | liabilities int you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 65,831.00 |
| | Your total liabilities | \$ | 65,831.00 |
| Par | 3: Summarize Your Income and Expenses | , | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,588.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,048.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other s | chedules. |
| 7. | Yes What kind of debt do you have? | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known) Document

Debtor 1 Mohammad H. Khan

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ 2,988.00 |
|----|--|----------------|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clain | n |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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Desc Main Document Page 10 of 56 Fill in this information to identify your case and this filing: Debtor 1 Mohammad H. Khan Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Toyota Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Corolla Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 1997 Debtor 2 only Current value of the Current value of the 380000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another title in debtor's name \$600.00 \$600.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$600.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

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|---------------------------|---|----------------|----------------------------|--|---|
| Debtor 1 | Mohammad H. Khan | | Doddinent | Case number (if known) | |
| Yes. | Describe | | | | |
| | Househ | old goods a | and furniture | | \$350.00 |
| | | | | | |
| _ | | | | oment; computers, printers, scanners; music o | collections; electronic devices |
| ■ No □ Yes. | Describe | | | | |
| Exampl | bles of value les: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; stamp, coin | , or baseball card collections; |
| ■ No □ Yes. | Describe | | | | |
| | ent for sports and hobbie les: Sports, photographic, e. musical instruments | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| ☐ Yes. | Describe | | | | |
| 10. Firearr Examp ■ No | ns oles: Pistols, rifles, shotguns | s, ammunition | n, and related equipmen | t | |
| | Describe | | | | |
| □ No | ples: Everyday clothes, furs | , leather coat | s, designer wear, shoes | , accessories | |
| ■ Yes. | Describe | | | | |
| | wearing | gapparel | | | \$200.00 |
| ■ No | | tume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches, gems, o | gold, silver |
| - | nrm animals ples: Dogs, cats, birds, hors | ses | | | |
| ■ No □ Yes. | Describe | | | | |
| 14. Any ot ■ No | her personal and househ | old items yo | u did not already list, i | ncluding any health aids you did not list | |
| ☐ Yes. | Give specific information | | | | |
| | the dollar value of all of yo art 3. Write that number h | | | ny entries for pages you have attached | \$550.00 |
| | escribe Your Financial Assets | | | | |
| Do you ov | vn or have any legal or eq | uitable inter | est in any of the follow | ring? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | ples: Money you have in you | | | osit box, and on hand when you file your petiti | on |
| Official For | | | Schedule A/B: F | | page 2 |

Case 17-30238 Doc 1 Filed 10/09/17 Entered 10/09/17 16:47:33 Desc Main Document Page 12 of 56 Case number (if known) Debtor 1 Mohammad H. Khan Cash \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... TCF Bank \$2,000.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No
□ Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

☐ Yes............ Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

| Debtor 1 | Case 17-30238 Mohammad H. Khan | Doc 1 | Filed 10/09/17 Document | Entered 10/09/17 16:47:33 Page 13 of 56 Case number (if known | Desc Main |
|---|--|------------------------------|--|---|---|
| ☐ Yes. | Give specific information al | oout them | | | · - |
| | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | funds owed to you Give specific information ab | out them, in | cluding whether you alre | ady filed the returns and the tax years | |
| | | , | 3 7 | , | |
| | | | nterest with wife in 20 refund. Received earl used for necessary liv | ier this year. Funds | \$1,935.00 |
| ■ No | | | usal support, child suppo | ort, maintenance, divorce settlement, proper | ty settlement |
| Examp ■ No | amounts someone owes y ples: Unpaid wages, disabilit benefits; unpaid loans Give specific information | y insurance | | efits, sick pay, vacation pay, workers' comp | ensation, Social Security |
| 31. Interes | sts in insurance policies | insurance; | nealth savings account (l | HSA); credit, homeowner's, or renter's insura | ance |
| ☐ Yes. | Name the insurance compa Comp | ny of each p pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| If you a someo | terest in property that is deare the beneficiary of a living one has died. Give specific information | ue you from g trust, expe | a someone who has die ct proceeds from a life in | ed surance policy, or are currently entitled to re | ceive property because |
| 33. Claims <i>Examp</i> □ No | · | | | t or made a demand for payment to sue | |
| | | Date o | nal injury proceeds f accident: 10-13-14 | | ¢14 020 00 |
| | | Some | proceeds used to pay | for medical bills beyond lien amounts | \$11,930.00 |
| | | Date o | nal injury proceeds f accident: 6-2-2016 proceeds used to pay | for medical bills beyond lien amounts | \$3,272.00 |
| ■ No | contingent and unliquidate Describe each claim | ed claims of | every nature, including | g counterclaims of the debtor and rights | to set off claims |
| ■ No | nancial assets you did not Give specific information | already list | | | |

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Case number (if known) Document Debtor 1 Mohammad H. Khan Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$19,187.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

| Par | t 8: | List the Totals of Each Part of this Form | | | | |
|-----|------|---|---|-------------|------------------------------|-------------|
| 55. | Part | : 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part | 2: Total vehicles, line 5 | | \$600.00 | | |
| 57. | Part | 3: Total personal and household items, line 15 | | \$550.00 | | |
| 58. | Part | 4: Total financial assets, line 36 | | \$19,187.00 | | |
| 59. | Part | 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part | 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part | 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Tota | al personal property. Add lines 56 through 61 | | \$20,337.00 | Copy personal property total | \$20,337.00 |
| 63. | Tota | al of all property on Schedule A/B. Add line 55 + line 62 | | | | \$20,337.00 |

Official Form 106A/B Schedule A/B: Property page 5

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| | | Bedame | HE FAGO TO CLOC | |
|---|--------------------------|-------------------|-----------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Mohammad H. Kh | an | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| 1997 Toyota Corolla 380000 miles title in debtor's name | \$600.00 | \$600.00 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Household goods and furniture Line from Schedule A/B: 6.1 | \$350.00 | \$350.00 735 ILCS 5/12-1001(b) |
| Ellie Holli Golloddio 772. G. 1 | | □ 100% of fair market value, up to any applicable statutory limit |
| wearing apparel Line from Schedule A/B: 11.1 | \$200.00 | \$200.00 735 ILCS 5/12-1001(a) |
| Ellie Holli Golloddio 772. | | □ 100% of fair market value, up to any applicable statutory limit |
| Cash Line from Schedule A/B: 16.1 | \$50.00 | \$50.00 735 ILCS 5/12-1001(b) |
| Ellie Holli Geriedale AVD. 10.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Checking: TCF Bank Line from Schedule A/B: 17.1 | \$2,000.00 | \$2,000.00 735 ILCS 5/12-1001(b) |
| Elle Holli Gelleddie AVD. 17.1 | | 100% of fair market value, up to any applicable statutory limit |

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Mohammad H. Khan Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Personal injury proceeds 735 ILCS 5/12-1001(h)(4) \$11,930.00 \$11,930.00 Date of accident: 10-13-14 Some proceeds used to pay for medical 100% of fair market value, up to bills beyond lien amounts any applicable statutory limit Line from Schedule A/B: 33.1 Personal injury proceeds 735 ILCS 5/12-1001(h)(4) \$3,070.00 \$3,272.00 Date of accident: 6-2-2016 Some proceeds used to pay for medical 100% of fair market value, up to bills beyond lien amounts any applicable statutory limit Line from Schedule A/B: 33.2 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

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| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|-----------------------|
| Debtor 1 | Mohammad H. Kh | an | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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Document Page 18 of 56 Fill in this information to identify your case: Debtor 1 Mohammad H. Khan Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Ashalnd Medical Specialists Last 4 digits of account number 1479 \$2,500.00 Nonpriority Creditor's Name 830 N. Ashland Ave. When was the debt incurred? 11/2014 through 6/2015 Ste. 1 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Anesthesiologist Services

☐ Yes

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Debtor 1 Mohammad H. Khan Case number (if know) 4.2 Capital One Bank Usa N Last 4 digits of account number 1552 \$2.849.00 Nonpriority Creditor's Name Opened 7/18/08 Last Active 15000 Capital One Dr When was the debt incurred? 5/01/10 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 Ccs/Cortrust Bank Last 4 digits of account number \$209.00 7848 Nonpriority Creditor's Name Opened 9/25/08 Last Active Po Box 7030 When was the debt incurred? 4/01/10 Mitchell, SD 57301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes Mohammed Chicago Health & Rehab Clinic \$6,163.00 4.4 Last 4 digits of account number Khan Nonpriority Creditor's Name 2400 W. Devon When was the debt incurred? 2014 Ste. 214 Chicago, IL 60659 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bills ☐ Yes

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Document Page 20 of 56 Debtor 1 Mohammad H. Khan Case number (if know) 4.5 Credit First N A Last 4 digits of account number 7859 \$182.00 Nonpriority Creditor's Name Opened 10/18/11 Last Active 6275 Eastland Rd When was the debt incurred? 4/21/16 Brookpark, OH 44142 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.6 Credit One Bank Na Unknown Last 4 digits of account number 1011 Nonpriority Creditor's Name Opened 6/24/08 Last Active Po Box 98875 When was the debt incurred? 5/01/10 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Credit Card; creditor being notified for ☐ Yes Other. Specify informational purposes. 4.7 Discover Fin Svcs Llc Last 4 digits of account number 4084 \$2,455.00 Nonpriority Creditor's Name Opened 1/09/01 Last Active Po Box 15316 When was the debt incurred? 3/26/10 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

Debts to pension or profit-sharing plans, and other similar debts

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Case number (if know)

| Denic | ivionaminau n. Khan | | Case Humber (II know) | |
|----------|---|--|--|------------|
| 4.8 | Dr. Neema Bayran | Last 4 digits of account number | Mohammed Khan | \$0.00 |
| | Nonpriority Creditor's Name 830 N. Ashland Ave. | When was the debt incurred? | 6/2015 | |
| | Chicago, IL 60622 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify medical bill; informational | creditor being notified for all purposes. | |
| 4.9 | Dr. Paul Risner Nonpriority Creditor's Name | Last 4 digits of account number | 0062 | \$3,420.00 |
| | 34157 North Route 45 Grayslake, IL 60030 | When was the debt incurred? | 6-6-2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? — | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical Bill | | |
| 4.1 0 | Edgebrook Open MRI | Last 4 digits of account number | Mohammed Khan | \$840.00 |
| | Nonpriority Creditor's Name 5320 W. Devon Ae. Chicago, IL 60646 | When was the debt incurred? | 8/13/2014 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify _radiology bil | <u> </u> | |

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Document Page 22 of 56 Debtor 1 Mohammad H. Khan Case number (if know) 4.1 \$94.00 Enhanced Recovery Co L 0518 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/18/15 Last Active 8014 Bayberry Rd When was the debt incurred? 11/01/14 Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dish ☐ Yes 4.1 Hsbc Bank \$0.00 4111 Last 4 digits of account number Nonpriority Creditor's Name Opened 7/28/08 Last Active Po Box 9 When was the debt incurred? 4/01/10 Buffalo, NY 14240 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Credit Card; creditor being notified for Other. Specify ☐ Yes informational purposes. 4.1 Hsbc/Menards 9218 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/15/08 Last Active Po Box 9 When was the debt incurred? 5/01/10 Buffalo, NY 14240 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Charge Account; creditor being notified for

informational purposes.

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Document Page 23 of 56 Case number (if know) Debtor 1 Mohammad H. Khan Mohammed 4.1 \$20.948.00 Illinois Back and Neck Institute 4 Last 4 digits of account number Khan Nonpriority Creditor's Name When was the debt incurred? 6/2015 830 N. Ashland Ave. Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify medical bill 4.1 Merrick Bank 5142 \$1,349.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/26/15 Last Active Po Box 9201 When was the debt incurred? 4/01/16 Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes 4.1 Midland Funding 8137 \$4,916.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 5/25/12 Last Active 2365 Northside Dr Ste 30 When was the debt incurred? 3/01/10 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

Dakot

Factoring Company Account Citibank South

Is the claim subject to offset?

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| or 1 Monammad H. Khan | | Case number (if know) | |
|---|--|---|------------|
| Midland Funding | Last 4 digits of account number | 1412 | \$3,565.00 |
| Nonpriority Creditor's Name | _ | | |
| 2365 Northside Dr Ste 30 San Diego, CA 92108 | When was the debt incurred? | Opened 5/14/12 Last Active 6/01/10 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ☐ Yes | • | ompany Account Hsbc Bank | |
| Midland Funding | Last 4 digits of account number | 3924 | \$2,524.00 |
| Nonpriority Creditor's Name | | Opened 9/04/13 Last Active | |
| 2365 Northside Dr Ste 30 San Diego, CA 92108 | When was the debt incurred? | 6/01/10 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| ■ Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| ☐ At least one of the debtors and another☐ Check if this claim is for a community | ☐ Student loans | a Gianni | |
| debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Nevada N.A | ompany Account Hsbc Bank | |
| Midland Funding | Last 4 digits of account number | 8611 | \$1,246.00 |
| Nonpriority Creditor's Name | | Opened 5/25/12 Last Active | |
| 2365 Northside Dr Ste 30 San Diego, CA 92108 | When was the debt incurred? | 3/01/10 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| <u> </u> | Пол | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Factoring C Other. Specify Dakot | ompany Account Citibank South | |

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Case number (if know)

| Debio | Wonaminau H. Khan | | Case Humber (II know) | |
|-------|--|---|--|------------------|
| 4.2 | Portfolio Recovery Ass | Last 4 digits of account number | 4111 | \$414.00 |
| | Nonpriority Creditor's Name | | Opened 4/25/11 Last Active | |
| | 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | 4/01/10 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Factoring Control of Nevada N.A | ompany Account Hsbc Bank | |
| 4.2 | Portfolio Recovery Ass | Last 4 digits of account number | 0372 | \$208.00 |
| | Nonpriority Creditor's Name | | | |
| | 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 5/31/12 Last Active 5/01/10 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | _ ` | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | | Student loans | - O | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | _ | Factoring C | ompany Account Ge Capital Retail | |
| | Yes | Other. Specify Ba | | |
| 4.2 | 5 . 5 | | 0070 | #4.005.00 |
| 2 | Progressive Radiology | Last 4 digits of account number | <u>2673</u> | \$1,895.00 |
| | Nonpriority Creditor's Name 720 E. Rollins Road | When was the debt incurred? | 10/2014 | |
| | Round Lake, IL 60073 | | 10/2011 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | ■ Other. Specify Radiology b | ill | |

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Case number (if know)

| Jebil | ivionaminau n. Knan | | Case number (ii know) | |
|----------|---|--|---|------------------|
| 1.2 | Syncb/Walmart | Last 4 digits of account number | 6677 | \$178.00 |
| | Nonpriority Creditor's Name | _ | On and 40/04/45 and Antition | |
| | Po Box 965024 Orlando, FL 32896 | When was the debt incurred? | Opened 10/01/15 Last Active 4/22/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Charge Acc | ount | |
| 1.2 1 | Td Bank Usa/Targetcred Nonpriority Creditor's Name | Last 4 digits of account number | 2441 | \$123.00 |
| | • | | Opened 7/21/15 Last Active | |
| | Po Box 673 Minneapolis, MN 55440 | When was the debt incurred? | 4/01/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | | |
| 1.2 | T. D. O | | Mohammed | 40 750 00 |
| 5 | The Pain Center of Illinois Nonpriority Creditor's Name | Last 4 digits of account number | Khan | \$9,753.00 |
| | 830 N. Ashland Chicago, IL 60622 | When was the debt incurred? | 12/2014 through 7/2015 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | on plans, and other similar debts | |
| | | · | | |
| | ☐ Yes | Other. Specify medicall bill | | |

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| Debtor 1 | Mohamma | ad H. Khan | | Case n | umber (if kno | w) | | |
|------------------------------|---|---|---|---------------|-------------------|------------------|----------------|-------------------|
| | Tnb - Targe | | Last 4 digits of account number | 8489 | | | | \$0.00 |
| ı | Nonpriority Cred | | When was the debt incurred? | Open 9/30/ | | 7 Last Activ | /e | |
| | • | , MN 55440 City State Zlp Code | As of the date you file, the claim | ie: Chock | all that apply | | | |
| | | the debt? Check one. | As of the date you me, the claim | is. Officer | t all triat apply | | | |
| ı | Debtor 1 on | lv | ☐ Contingent | | | | | |
| | Debtor 2 on | • | ☐ Unliquidated | | | | | |
| | | d Debtor 2 only | ☐ Disputed | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | | is claim is for a community | ☐ Student loans | | | | | |
| (| debt | bject to offset? | Obligations arising out of a separeport as priority claims | aration ag | reement or div | vorce that you | did not | |
| 1 | No | | Debts to pension or profit-sharir | ng plans, a | and other simi | ilar debts | | |
| ı | ☐ Yes | | Other. Specify Credit Card | | | | | |
| 4.2 | Webbank/Fi | ngerhut | | 2291 | | | | \$0.00 |
| | Nonpriority Cred | _ | Last 4 digits of account number | 2291 | | | | φυ.υυ |
| (| 6250 Ridge Saint Cloud, | wood Rd | When was the debt incurred? | Open | ned 7/15/14 | 4 | | |
| | | City State Zlp Code | As of the date you file, the claim | is: Check | all that apply | | | |
| \ | Who incurred | the debt? Check one. | | | | | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | | |
| l | Debtor 2 on | ly | ☐ Unliquidated | | | | | |
| | | d Debtor 2 only | ☐ Disputed | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | | is claim is for a community | ☐ Student loans | | | | | |
| | debt s the claim su | bject to offset? | Obligations arising out of a separeport as priority claims | J | | • | did not | |
| | No | | Debts to pension or profit-sharing | ng plans, a | and other simi | ilar debts | | |
| ı | ☐ Yes | | ■ Other. Specify Charge Account information | | | ng notified f | or | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | | |
| 5. Use this is trying have m | s page only if y g to collect fro ore than one o I for any debts | you have others to be notified about you for a debt you owe to some creditor for any of the debts that you harts 1 or 2, do not fill out or some parts 1. | out your bankruptcy, for a debt that yeone else, list the original creditor in you listed in Parts 1 or 2, list the addisubmit this page. | Parts 1 | or 2, then list | t the collectio | n agency here. | Similarly, if you |
| Part 4: | | mounts for Each Type of Uns | | | | | | |
| | ne amounts of unsecured cla | | s. This information is for statistical r | eporting | purposes on | ily. 28 U.S.C. § | 159. Add the a | mounts for each |
| | | | | | | Total Claim | | |
| | otal | Domestic support obligations | | 6a. | \$ | | 0.00 | |
| clai from Pa | | Taxes and certain other debts y | ou owe the government | 6b. | \$ | | 0.00 | |
| | 6c. | Claims for death or personal in | jury while you were intoxicated | 6c. | \$ | | 0.00 | |
| | 6d. | Other. Add all other priority unsec | cured claims. Write that amount here. | 6d. | \$ | | 0.00 | |
| | 6e. | Total Priority. Add lines 6a throu | gh 6d. | 6e. | \$ | | 0.00 | |
| | | | | | | Total Claim | | |
| | 6f. | Student loans | | 6f. | \$ | Total Olallii | 0.00 | |
| To clai from Pa | | Obligations arising out of a con | paration agreement or divorce that | | | | | |
| viii Fd | rt 2 6g. | Sanganona anamy out of a sep | aranon agreement or divorce tildt | _ | • | | 0.00 | |

6g.

you did not report as priority claims

0.00

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Debtor 1 Mohammad H. Khan

| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
|-----|---|-----|-----------------|
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 65,831.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 65,831.00 |

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| Fill in this infor | rmation to identify your | case: | | | |
|---|--------------------------|-------------------|-------------|---|----------------------|
| Debtor 1 | Mohammad H. Kh | an | | _ | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is a |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | · | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | , | | | | |
| 2.0 | Name | | | | _ |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | 0.0.0 | 0000 | |
| 2.0 | Name | | | | _ |
| | 1101116 | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | , | | - 10.110 | | |

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| | | Document | Page 30 o | f 56 | | |
|----------------|--|--|---------------------|---------------------------------------|-------------|------------------------------------|
| Fill in this | s information to identify your | case: | | | | |
| Debtor 1 | Mohammad H. Kh | | Last Name | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse if, fi | ing) First Name | Middle Name | Last Name | | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | | |
| Case num | nber | | | | _ | Ohaali if thia ia au |
| (if known) | | | | | | Check if this is an amended filing |
| O((; - ; - | L E 400LL | | | | • | |
| | I Form 106H | | | | | |
| Sche | dule H: Your Cod | ebtors | | | | 12/15 |
| ill it out, a | and number the entries in the e and case number (if known | ially responsible for supplyin boxes on the left. Attach the handle has a considerable of the handle | Additional Page to | o this page. On the to | | |
| ■ No | | | | | | |
| ☐ Ye | | | | | | |
| | | u lived in a community prope , Nevada, New Mexico, Puerto | | | | d territories include |
| ` | . Go to line 3. s. Did your spouse, former spo | use, or legal equivalent live with | h you at the time? | | | |
| in lin Form | e 2 again as a codebtor only | tors. Do not include your spo if that person is a guarantor o I Form 106E/F), or Schedule 0 | or cosigner. Make s | sure you have listed t | he creditor | on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cr Check all schedul | | nom you owe the debt |
| 3.1 | | | | ☐ Schedule D, lir | ne | |
| <u></u> | Name | | | □ Schedule E/F, | | |
| | | | | ☐ Schedule G, lin | | |
| | Number Street | | | _ | | |
| | City | State | ZIP Code | | | |
| 3.2 | | | | ☐ Schedule D, lir | 26 | |
| 5.4 | Name | | | Schedule E/F, | | |
| | | | | ☐ Schedule G, lin | | |
| | Number Street | | | _ | | |

State

City

ZIP Code

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| Fill | in this information to identify your | case: | | | | | | | | |
|--------------------|--|---|--|--------------|----------------|------------------------------|-------------------------------|--|------------------------------|-----------------|
| Del | btor 1 Mohammad | H. Khan | | | | | | | | |
| | btor 2 puse, if filing) | | | | | | | | | |
| Uni | ited States Bankruptcy Court for th | e: NORTHERN DISTRIC | T OF ILLINOIS | | _ | | | | | |
| (If kr | se number | | | | | nended fi plement | show | ving postpetition e following date: | | |
| | fficial Form 106l | | | | | MM / | DD/ YYY | Ύ | | |
| | chedule I: Your Inc | | | (D-1-1 | 4 | I D-1-1 0 | N 1 - 41 - | | | 12/1 |
| sup spo atta | plying correct information. If you use. If you are separated and youch a separate sheet to this form The separate sheet to this form The separate sheet to this form | u are married and not filir ur spouse is not filing wi . On the top of any addition | ng jointly, and your th you, do not inclu | spouse i | is liv mati | ing with you on about you | , include ır spous | e info | ormation about more space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Del | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ■ Employed | | | |
| | information about additional | | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | Caretaker for disabled mother Universal Metro Asian Services | | | er Cle | Clerical Worker | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | ces | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed ti | nere? 7 Mont | hs | | | _10 N | Mont | ths | |
| Par | rt 2: Give Details About Mo | onthly Income | | | | | | | | |
| | imate monthly income as of the cuse unless you are separated. | date you file this form. If y | you have nothing to r | report for | any | line, write \$0 i | in the spa | ace. I | Include your nor | n-filing |
| | ou or your non-filing spouse have n e space, attach a separate sheet t | | embine the information | on for all e | empl | oyers for that | person o | n the | e lines below. If y | you need |
| | | | | | | For Debtor | | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | | | 2. | \$ | 0 | 0.00 | \$ | 2,088.00 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0 | 0.00 | +\$_ | 0.00 | |
| 4. | Calculate gross Income. Add | ine 2 + line 3. | | 4. | \$ | 0.0 | 0 | \$ | 2,088.00 | |

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| Deb | tor 1 | Mohammad H. Khan | _ | С | ase number (if kn | own) | | | |
|-----|---------------------------------|---|---|----|--|--|--|--|-----------------------------|
| | Cor | by line 4 here | 4. | | For Debtor 1 | 0.00 | | ebtor 2 or ing spouse 2,088.00 | |
| 5 | - | | | | · | | · | | _ |
| 5. | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a 5b 5c 5d 5e 5f. 5g 5h |). | \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 | 0.00 0.00 0.00 0.00 0.00 0.00 | \$ = \$ = \$ = \$ = + \$ | 400.00 0.00 0.00 0.00 0.00 0.00 0.00 | - - - - - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | 9 | · | 0.00 | \$ | 400.00 | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | | .00 | \$ | 1,688.00 | - |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Caretaker for elderly parent Pension or retirement income Other monthly income. Specify: | 8c 8d 8e | | \$ 000 \$ 000 \$ 900 \$ 000 | 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | - - - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 900 | .00 | \$ | 0.00 | 0 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 900.00 | + \$ | 1,688 | 3.00 = \$ | 2,588.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | | |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | edule J. 11. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | 12. \$Combin | 2,588.00 ned y income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | |
| | | Yes. Explain: Debtor ceased driving on 3/2017, to care for his mot | her. | | | | | | |

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| Fill | in this informa | tion to identify yo | our case: | | | 1 | | | |
|------------|--|-------------------------------------|-------------------------|---|--|------------------------|----------------|--------------------------|---|
| | otor 1 | Mohammad H | | | | Ch | eck if this is | | |
| | | Monaminau | i. Kilali | | | | An amend | | |
| | otor 2 ouse, if filing) | | | | | | | | ving postpetition chapter the following date: |
| | | | | | | | | 562 d2 01 | the following date. |
| Unit | ed States Bankr | uptcy Court for the | NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD | / YYYY | |
| | e number | | | | | | | | |
| (If k | nown) | | | | | | | | |
| \bigcirc | fficial Fo | rm 106J | | | | 1 | | | |
| | | J: Your I | Evnor | 1606 | | | | | 40/4 |
| | | | | ISES If two married people ar | e filing together. b | oth are eq | ually respo | nsible fo | 12/1 or supplying correct |
| info | ormation. If m | | eded, atta | ch another sheet to this | | | | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | | |
| 1. | Is this a joir | nt case? | | | | | | | |
| | No. Go to | | | | | | | | |
| | _ | s Debtor 2 live i | n a separ | ate nousehold? | | | | | |
| | □ N □ Y | | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | ebtor 2. | | |
| 2. | Do you have | e dependents? | □ No | | · | | | | |
| | Do not list D | - | | Fill out this information for | Dependent's relat | ionshin to | Dener | dent's | Does dependent |
| | Debtor 2. | ebtor rand | Yes. | each dependent | Debtor 1 or Debto | | age | iuent s | live with you? |
| | Do not state | the | | | | | | | □ No |
| | dependents | names. | | | Wife | | | | Yes |
| | | | | | Mother-In-Law | | | | □ No |
| | | | | | Wiother-III-Law | | | | ■ Yes □ No |
| | | | | | Daughter | | 18 | | ■ Yes |
| | | | | | | | | | □ No |
| 2 | De veur evr | annon implicato | _ | | | | | | ☐ Yes |
| 3. | expenses o | oenses include f people other tl | han $_{m \Box}$ | No | | | | | |
| | yourself and | d your depende | nts? ⊔ | Yes | | | | | |
| | | ate Your Ongoi | | | | | | | |
| exp | imate your ex enses as of a plicable date. | openses as of your date after the b | our bankri oankruptc | uptcy filing date unless y y is filed. If this is a supp | ou are using this followed are using this followed are using the second are used to be seen as the second are used to be seen as the second are using this follower are using the second are used to be use | orm as a s J, check | the box at | t in a Cha the top of | pter 13 case to report f the form and fill in the |
| Inc | lude expense | s paid for with r | non-cash | government assistance i | f vou know | | | | |
| the | | h assistance and | | cluded it on Schedule I: Y | | | , | our expe | enses |
| (01 | ilciai i Oilli io | ,01., | | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. In lot. | nclude first mortgag | e 4. | \$ | | 1,639.00 |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 |
| | 4b. Prope | rty, homeowner's | | | | 4b. | \$ | | 0.00 |
| | | | | ipkeep expenses | | 4c. | : | | 25.00 |
| 5. | | owner's associat | | dominium dues our residence, such as ho | me equity loans | 4d. 5. | · - | | 0.00 |

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| Debtor 1 | Mohammad H. Khan | Case numl | ber (if known) | |
|-----------------------|---|-----------|---------------------------------------|--------------------------|
| s. Utili | ities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 160.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 195.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 90.00 |
| 6d. | Other. Specify: Mobile | 6d. | | 130.00 |
| | d and housekeeping supplies | - 7. | · · | 550.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | | 9. | \$ | |
| | thing, laundry, and dry cleaning sonal care products and services | | · | 85.00 |
| | • | 10. | · | 35.00 |
| | lical and dental expenses | 11. | \$ | 55.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | 12. | ¢ | 145.00 |
| | not include car payments. | | · | |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | | 65.00 |
| | ritable contributions and religious donations | 14. | \$ | 50.00 |
| | irance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | 45- | Φ. | 0.00 |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 160.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| Taxo | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spe | | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a. | . Car payments for Vehicle 1 | 17a. | \$ | 214.00 |
| 17b. | . Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | _ | · - | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | cifv: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Schedu | ule I: Yo | our Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | 20e. | · | 0.00 |
| | | | · | |
| | er: Specify: Food out | 21. | · · · · · · · · · · · · · · · · · · · | 165.00 |
| | acco | _ | +\$ | 175.00 |
| Disa | abled mother's medical expenses | | +\$ | 110.00 |
| Cale | nulate your menthly expenses | | | |
| | culate your monthly expenses . Add lines 4 through 21. | | \$ | 4.049.00 |
| | · · · · · · · · · · · · · · · · · · · | | | 4,048.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,048.00 |
| Cale | culate your monthly not income | | | |
| | culate your monthly net income. | 222 | ¢ | 0.500.00 |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 2,588.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | - \$ | 4,048.00 |
| 20.5 | Cultivativativa manthly avanaga from vevi | | | |
| 120 | Subtract your monthly expenses from your monthly income. | 23c. | \$ | -1,460.00 |
| 236. | The result is your monthly net income. | 200. | L* | .,.50.00 |
| 230. | | | | |
| Do y For e modi | you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your mification to the terms of your mortgage? | | | or decrease because of a |
| Do y | example, do you expect to finish paying for your car loan within the year or do you expect your m ffication to the terms of your mortgage? No. | | | or decrease because of a |

15(c) Household car insurance amount.

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| Fill in this in | nformation to identify your | case. | | | |
|---------------------|--|--------------------------|------------------------------|--|--------------------------|
| | | | | | |
| Debtor 1 | Mohammad H. Kh | Middle Name | Last Name | | |
| Debtor 2 | riocitamo | Wildale Hame | Edot Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | NORTHERN DISTRICT | Γ OF ILLINOIS | | |
| Case number | er | | | | |
| (if known) | | | | _ | Check if this is an |
| | | | | | amended filing |
| | | | | | |
| o = | | | | | |
| | orm 106Dec | | | | |
| Declar | ration About a | an Individual | Debtor's Sc | hedules | 12/15 |
| | | | | | |
| ears, or bot | th. 18 U.S.C. §§ 152, 1341, 1 | | in aproy case can result in | n fines up to \$250,000, or impris | oommont for up to 20 |
| Did you | u pay or agree to pay some | eone who is NOT an atto | rney to help you fill out ba | ankruptcy forms? | |
| ■ No | . , | | , ,, | | |
| _ | | | | | |
| ☐ Ye | es. Name of person | | | Attach Bankruptcy Petis Declaration, and Signat | |
| | | | | Declaration, and Signal | ture (Official Form 119) |
| | | | | | |
| | penalty of perjury, I declare by are true and correct. | that I have read the sun | nmary and schedules filed | d with this declaration and | |
| N () | | | ., | | |
| | Mohammad H. Khan | | X Signature of I | Dobtor 2 | |
| | hammad H. Khan nature of Debtor 1 | | Signature of L | Jebiui Z | |
| Sigi | nataro di Dobidi 1 | | | | |
| Date | e October 9, 2017 | | Date | | |
| | | | | | |

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| Fill | in this inform | nation to identify you | r case. | | | | | | | |
|--------------------|---|--|--|---|--|---|--|--|--|--|
| | otor 1 | | | | | | | | | |
| Der | DIOI I | Mohammad H. K | Middle Name | Last Name | | | | | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| | | nkruptcy Court for the: | NORTHERN DISTRICT O | | | | | | | |
| Oili | ieu States Dai | initiapitely Court for tire. | NORTHERN DISTRICT C | OF ILLINOIS | | | | | | |
| | se number | | | | | theck if this is an mended filing | | | | |
| Sta | | of Financial | Affairs for Individ | | | 4/10 | | | | |
| info | rmation. If m | | attach a separate sheet to | | equally responsible for sup additional pages, write you | | | | | |
| Par | t 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | | | | | |
| 1. | What is you | r current marital statu | ıs? | | | | | | | |
| | ■ Married□ Not mar | ried | | | | | | | | |
| 2. | During the la | ast 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | _ | | | | | | | | | |
| | ■ No □ Yes. Lis | lo es. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sci | hedule H: Your Codebtors (Of | ficial Form 106H). | | | | | | |
| Par | t 2 Explai | n the Sources of You | r Income | | | | | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | | ■ Wages, commissions, bonuses, tips | \$12,900.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

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Case number (if known) Document Debtor 1 Mohammad H. Khan

| | | | | Debtor 1 | | | Debtor 2 | | |
|-----|---|-----------------------------|------------|--|------------|--|------------------------------------|------------|---|
| | | | | Sources of income Check all that apply. | (be | oss income fore deductions and dusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | ndar year: December : | 31, 2016) | ■ Wages, commissions, bonuses, tips | | \$21,500.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | | ndar year bef December 3 | | ■ Wages, commissions, bonuses, tips | | \$30,590.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. | | | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | eac (be | oss income from th source fore deductions and clusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Par | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed fo | or Bankr | uptcy | | | |
| 6. | No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an | | | | | | | | |
| | | | , | this bankruptcy case. | | | | | |
| | Creditor | 's Name and | Address | Dates of payr | nent | Total amount paid | Amount you still owe | Was this p | payment for |

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Case number (if known) Debtor 1 Mohammad H. Khan

| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and a | ou are a gener ny managing a | al partner; corporations agent, including one for |
|-----|--|--|--|--|---------------------------------|---|
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost | | ments or transfer a | ny property on a | ccount of a d | lebt that benefited an |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | r this payment ditor's name |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | cases, small claims actions | s, divorces, collectio | | actions, suppo | rt or custody |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | ne case |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address | | | oreclosed, garnis | shed, attache | d, seized, or levied? Value of the property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a large section of the s | | luding a bank or fir | nancial institution | n, set off any | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gifts | s with a total value | of more than \$60 | 00 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date the g | s you gave lifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | |
|-----|---|--|---|---------------|--|---------------------------|--|
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | ıl | Describe what you contributed | | Dates you contributed | Value | |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankrupto or gambling? | y or | since you filed for bankruptcy, did yo | ou lose anytl | ning because of thef | t, fire, other disaster | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | how the loss occurred | clude | be any insurance coverage for the lose the amount that insurance has paid. List the ce claims on line 33 of Schedule A/B: F | st pending | Date of your loss | Value of property lost | |
| Par | t 7: List Certain Payments or Transfers | | | | | | |
| 16. | Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prep | parir | ng a bankruptcy petition? | . , | ,, , | rty to anyone you | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | |
| | C. DEAN MATSAS & ASSOCIATES 5153 N. BROADWAY CHICAGO, IL 60640 CDMATSAS@MATSASLAW.COM | | Attorney Fees | | 5-24-16 | \$1,400.00 | |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo | rs o | r to make payments to your creditors | | r transfer any prope | rty to anyone who | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment | |
| 18. | transferred in the ordinary course of your b Include both outright transfers and transfers may | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property ransferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not not not gifts and transfers that you have already listed on this statement. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | nny property or received or debts change | Date transfer was made | |

Debtor 1 Mohammad H. Khan

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Debtor 1 Mohammad H. Khan

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | | | |
|-----|---|---|--|-------------|--|-----------|---|--|
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and | value of the pro | perty trans | sferred | Date | e Transfer was de | |
| Par | t 8: List of Certain Financial Accounts, Ins | truments, Safe Depos | it Boxes, and St | orage Uni | ts | | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc | r other financial accou | ınts; certificates | s of deposi | | - | | |
| | ■ No | , | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of according trument | unt or | Date account was closed, sold, moved, or transferred | be | Last balance fore closing or transfer | |
| 21. | Do you now have, or did you have within 1 yeash, or other valuables? | ear before you filed fo | or bankruptcy, a | ny safe de | posit box or other depo | sitory f | or securities, | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution | Who else had ac | cass to it? | Describe | the contents | D | o you still | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | | Describe | | | ave it? | |
| 22. | Have you stored property in a storage unit of | r place other than you | ır home within 1 | year befo | re you filed for bankrup | tcy? | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, | to it? Address (Number, Street, City, | | Describe the contents | | o you still ave it? | |
| | | State and ZIP Code) | | | | | | |
| Par | t 9: Identify Property You Hold or Control f | or Someone Else | | | | | | |
| 23. | Do you hold or control any property that son for someone. | neone else owns? Inc | lude any proper | ty you bor | rowed from, are storing | । for, or | hold in trust | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | (Number, Street, City, State and ZIP | | the property | | Value | |
| Par | t 10: Give Details About Environmental Info | rmation | | | | | | |
| For | the purpose of Part 10, the following definitio | ns apply: | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or | | | | | | | |

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Mohammad H. Khan

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
|---|--|--|--|--------------------|--|--|--|
| | NoYes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or admi | inistrative proceeding under any envi | ronmental law? Include settlements a | nd orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or C | connections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptc | y, did you own a business or have an | y of the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time or part-time | | | | |
| | ☐ A member of a limited liability compa | ny (LLC) or limited liability partnershi | p (LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing exe | cutive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Pa | art 12. | | | | | |
| | Yes. Check all that apply above and fill i | n the details below for each business | | | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security r | | | | |
| | | Name of accountant or bookkeeper | Dates business existed | iumber of friit. | | | |
| 28. | Within 2 years before you filed for bankruptc institutions, creditors, or other parties. | y, did you give a financial statement t | o anyone about your business? Inclu | de all financial | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details below. | Deta learned | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | |

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mohammad H. Khan

Mohammad H. Khan

Signature of Debtor 2

Signature of Debtor 1

Date

October 9, 2017

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

□ Yes. Name of Person

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

☐ Yes

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| | | 200 | ament rage to or co | |
|--------------------|---|-------------------|---|---|
| Fill in this infor | mation to identify your cas | se: | | |
| Debtor 1 | Mohammad H. Khan | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Inited States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number | | | | |
| f known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | | | | |
| tateme | nt of Intention | for Indiv | riduals Filing Under Chapte | r 7 12/15 |
| vou are en inc | dividual filing under chapte | or 7 vou must fil | Lout this form if: | |
| | ve claims secured by your | - | out this form it. | |
| _ | | | at ayminad | |
| | sed personal property and | | ot expired. you file your bankruptcy petition or by the date set | for the meeting of creditors |
| | ever is earlier, unless the o | | e time for cause. You must also send copies to the | |
| | | | | |
| | eople are filing together in nd date the form. | a joint case, bo | th are equally responsible for supplying correct inf | ormation. Both debtors must |
| sigii a | nd date the form. | | | |
| | | | needed, attach a separate sheet to this form. On the | ne top of any additional pages, |
| write y | your name and case number | er (if known). | | |
| art 1: List Y | our Creditors Who Have S | Secured Claims | | |
| | | | : Creditors Who Have Claims Secured by Property | (Official Form 106D) fill in the |
| information b | _ | i oi scriedule D | . Creditors wito have claims Secured by Property | Official Form 100D), fill lift the |
| Identify the c | reditor and the property that | is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | □ 140 |
| | | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | f | | Reaffirmation Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt | t: | | | |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | — · · · |
| | | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | f | | Reaffirmation Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt | i: | | | |
| Creditor's | | | По 1 и | П., |
| CIEUROIS | | | ☐ Surrender the property. | □ No |

Official Form 108

Creditor's

name:

property

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

 $\hfill\square$ Retain the property and redeem it.

 $\hfill\square$ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

☐ No

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| Debtor 1 Mo | ohammad H. Khan | Case number (if ki | nown) |
|-----------------------------|--|--|--|
| name: | -4 | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ☐ Yes |
| Description | of | Reaffirmation Agreement. | |
| property | L. | ☐ Retain the property and [explain]: | |
| securing de | bt: | | |
| Part 2: List | Your Unexpired Personal Propert | y Leases | |
| n the informa | tion below. Do not list real estate l | you listed in Schedule G: Executory Contracts and Unex leases. Unexpired leases are leases that are still in effec by lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe you | r unexpired personal property leas | ses | Will the lease be assumed? |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | e: | | □ No |
| Description of | leased | | 1 No |
| Property: | | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | e: | | □ No |
| Description of | leased | | |
| Property: | | | ☐ Yes |
| Lessor's name | | | □ No |
| Property: | leaseu | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | e: | | □ No |
| Description of Property: | | | ☐ Yes |
| | | | □ fes |
| | n Below | | |
| | of perjury, I declare that I have ind is subject to an unexpired lease. | dicated my intention about any property of my estate that | at secures a debt and any personal |
| | ammad H. Khan | X Signature of Debtor 2 | |
| | mad H. Khan e of Debtor 1 | Signature of Debtor 2 | |
| Date | October 9, 2017 | Date | |
| | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-30238 Doc 1 Filed 10/09/17 Entered 10/09/17 16:47:33 Desc Main B2030 (Form 2030) (12/15) Page 49 of 56

Document Page 49 of 56 United States Bankruptcy Court Northern District of Illinois

| In re | Mohammad Khan | | Case No. | | | |
|-------|---------------|-----------|----------|---|--|--|
| | | Debtor(s) | Chapter | 7 | | |

| | DISCLOSURE OF COMPENSATION OF | ATTORNEY FOR | DEBTOR(S) | | | | |
|------|---|---|--------------------------------------|-------|--|--|--|
| I. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | S | 1,400.00 | | | | |
| | Prior to the filing of this statement I have received | \$ | 1,400.00 | | | | |
| | Balance Due | S | 0.00 | | | | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 5. | ■ 1 have not agreed to share the above-disclosed compensation with any oth | er person unless they are m | embers and associates of my law | firm. | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or copy of the agreement, together with a list of the names of the people shared to the people of the people shared to the people of the pe | | | Λ | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor. b. Preparation and filing of any petition, schedules, statement of affairs and period of the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors and confirmation between the debtor at the meeting of creditors. | olan which may be required | | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the | following service: | | | | | |
| | CERTIFICATIO | N / | | | | | |
| this | I certify that the foregoing is a complete statement of any agreement or arrang is bankruptcy proceeding. | ement for payment to me f | or representation of the debtor(s) i | n | | | |
| | 10-9-17 | | | | | | |
| | Date C. DEAN Signature C. DEAN 5153 N. E CHICAGO 773-907- | of Attorney MATSAS & ASSOCIATE BROADWAY D, IL 60640 9600 Fax: 773-907-960 AS@MATSASLAW.COM | 9 | | | | |
| | | | | | | | |

Case 17-30238 ACROEMFIND 10/09/BANERREPED 10/09/11/R VIDIA 15/41/13/3 Desc Mains Document Page 50 of 56

This is a contract between the undersigned (Client) and C. Dean Matsas & Associates, P.C. (Law Office), a debt relief agency that helps people file for bankruptcy relief under the Bankruptcy Code. In this contract the client agrees to pay for these services in the following manner:

1. BASIC FEES

Client will pay in full, prior to the petition being filed with the Court, the basic flat fee of: \$\frac{1}{2}

- a. preparation and filing of voluntary petition for Chapter 7 bankruptey, with no amendments:
- attendance at the first creditors meeting at the location officially set by the Court;
- c. reasonable counsel and advice to the client concerning bankruptcy;
- d. informational services and reasonable negotiation with creditors included in the petition;
- e. provision of one copy of the petition and discharge notice, if applicable, to client.

The fee is based upon Client's representation that the number of creditors which will be listed on the petition are between ___n/a___ and ___n/a___. The fee will not increase, so long as the number of creditors has not changed nor the basic nature of the Client's case or laws governing bankruptey, prior to filing. Client has been informed that garnishments, lawsuits, wage assignments or other collection matters will proceed until such time that the petition is filed with the Court.

Chent is responsible for the Court filing fee and cost of credit report. Any payments provided by the Client shall be applied to the attorney fee if representation terminates prior to filing.

Individuals filing for relief in bankruptcy are subject to an audit pursuant to the Bankruptcy Code. Such audits are generally random but in the event your file is selected for such an audit, there will be an additional fee due our office in the amount of \$300.00 to respond to such an audit.

2. RESPONSIBILITES OF DEBTOR (Client)

Client agrees to cooperate with the attorney in the preparation of Client's petition and provide complete, accurate and truthful information for each and every question, after reasonable inquiry. Client agrees to provide complete and accurate replacement value of each asset, after reasonable inquiry, to establish said value. Client agrees to keep Law Office informed of changes of address, phone number, etc. Client understands that failure to cooperate with Law Office or to provide prompt, truthful, accurate and complete information may result in the Law Office withdrawing from representation of Client.

Client authorizes Law Office to begin work on his/her petition, accept phone queries from creditors and perform related tasks and scheduling. Client acknowledges that in the event Client is unable or unwilling to file, files and later decides not to proceed, is barred from filing for any reason or Law Office withdraws for Client's failure to fully cooperate in a timely manner, Law Office legal fees for work done, to said date, will remain due.

Client acknowledges that he/she has been specifically instructed to continue making payments to those ereditors such as autos and homes for which the Client wishes to retain the collateral or credit. Client acknowledges that he/she has been further informed that the official discharge notice will arrive no sooner than sixty (60) days from the date of the Creditors' Meeting.

Client acknowledges that he/she has disclosed all prior bankruptcy filings to Law Office and those filed within the last eight (8) years are indicated in writing on the bankruptcy petition.

Client acknowledges that he/she has been specifically informed that all Debtors must bring a picture identification and original social security card (or another official document that contains the social security number) to the Creditors' Meeting. Client has been informed that if both these documents are not produced, the Trustee will refuse to proceed with the Meeting.

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Client acknowledges that Law Office is personal Client special of the existence of assets and debts, the secured or unsecured nature of these debts, as well as, answers to all other questions on the petition. Client understands that although multiple conversations with Law Office or staff of Law Office may have occurred prior to the actual preparation of the petition, only the answers appearing on the petition reflect the recollection of Law Office as to such conversations. In the event that this contract or the petition does not accurately reflect the Client's answers or if any representations of Law Office are not accurately reflected on this contract, it is important that the Client not sign these documents until corrections have been made. Client acknowledges that he she has been given anuple opportunity to examine the bankruptcy petition and has thoroughly reviewed all of the pages. Client finds the documents to be complete and truthful to the very best of his/her knowledge and represents that all information, including creditor information, that has been provided to the Law Office is contained in this petition. If any information was given to the Law Office either orally or in writing. Client represents that it is therefore contained in the petition.

Client acknowledges he/she is solely responsible for completing both the credit counseling course and the financial management course as required within time limits set forth in the Bankruptcy Code. Client understands that a Certificate of Completion of Credit Counseling must be obtained before the petition can be filed and that the Court will not issue a discharge in bankruptcy until the client completes the financial management course.

3. GENERAL

Client understands that Law Office will not investigate the possible existence of liens against the Client's property or person. The Client understands that if any such liens pre-date the filing of the bankruptcy petition, avoiding such a lien is unlikely and Law Office makes no representation that any such lien can be avoided. Client further understands that Law Office will not undertake any investigation to determine whether certain creditors are secured or unsecured but will instead rely upon representations from Client as to any such security interest. Client is informed that if a creditor is later determined to be secured, a reaffirmation or motion to redeem or avoid the debt will be necessary unless the security is surrendered.

Client understands that based on information provided to Law Office, certain creditors may allege nondischargeability of debt and understands possible consequences thereof. Client has been informed that debts predating previous filings, educational debts, willful or malicious injury, fines, penalties, alcohol/drug related injuries, tax related debts, fraud, false pretenses, false statements, debts in the nature of alimony/maintenance/support and unlisted or improperly listed creditors, are generally nondischargeable and Law Office makes no representations that any of those debts are dischargeable. Furthermore Client understands the possible consequences of such allegations that could include not only dismissal but also referral for criminal prosecution. Client further understands that attorney can make no representation as to effect of bankruptcy filing on the credit or credit reports of Client, spouse or any co-Debtors; Law Office has specifically informed client that in certain circumstances, notations may appear on the credit or credit report of spouses or co-Debtors. Law Office suggests that the Client undertake an examination of his/her credit reports soon after filing to determine if credit notations are correct. Credit reporting agencies often make errors and the Client alone is responsible for bringing such errors to the attention of the credit reporting agencies. Client also understands that filling of bankruptcy may have immigration consequences and that if Client is not a United States citizen, he/she is well advised to seek counsel of an immigration attorney prior to proceeding with the Chapter 7 Bankruptcy filing.

Law Office will supply Client with copies of all substantive correspondence and documents concerning his/her matter. Client is advised to secure these documents for future reference. Client may obtain copies of his/her file at additional cost if requested. However, due to storage constraints, Law Office reserves the right to destroy files after seven (7) years and copies may thereafter no longer be available.

Client acknowledges that no guarantees or assurances have been made by Law Office concerning the disposition of the Chapter 7 petition for bankruptcy or concerning when, or if, future credit will be extended to the Client. Any and all comments by Law Office concerning such matters are expressions of opinion only.

4. POSSIBLE ADDITIONAL CHARGES Case 17-30238 Doc 1 Filed 10/09/17 Entered 10/09/17 16:47:33 Page 3 of 3 Desc Main

The following is a list of possible addition for the feeling of this contract, fees will apply. Although Law Office will do its best to inform Client which of these services are likely to occur, this information is only an estimation. This list is not exhaustive and other fees or charges, not listed, may apply.

Client understands that all creditors must be supplied to Law Office by the time that the petition is signed. Client may supplement this list with missing creditors for a short period of time after filing, at which time an additional \$150 attorney fee plus \$26 filing fee will then apply for the first amended creditor, with an additional fee of \$50 for each additional creditor presented for amendment, at the same time. In the event of a missing creditor, client should call Law Office immediately to determine if time for filing an amendment exists. Client agrees to diligently review his/her petition at the time of signing to make sure that all information is correct, complete and understood.

Client understands that only one (1) Creditors' Meeting date is set by the Court and his/her appearance is required. That in the event that Client is unable to attend said Meeting, the trustee may, in his/her discretion, grant additional continuances. In the event of such continuance, an additional \$195 attorney fee, per continuance, will be due to Law Office from Client.

Client understands that matters requiring additional court filings or court appearances, including but not limited to, motions to avoid, redeem, withdraw petition, appeals and any contested matters and adversary proceeding(s) are subject to additional fees.

In the event that additional fees do apply, estimated fees will be due prior to the work being performed by Law Office.

Client has read this Agreement in full and agrees with its terms and representations. Client acknowledges receipt of a copy of this contract, along with additional documents titled, "527(a)(1) disclosure", "527(a)(2) disclosure", "527(b) disclosure" and "statement of Information required by U.S.C. Sec. 341", all of which are attached hereto and made apart hereof this Agreement.

We are a debt relief agency. We help people file for relief under the Bankruptcy Code.

Dated: 5 34, 16

Client

Client

C. Dean Matsas & Associates, P.C.

By:

An Attorney

United States Bankruptcy Court Northern District of Illinois

| In re | Mohammad H. Khan | | Case No. | | |
|-------|---|---|-------------------------|---------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | VEI | RIFICATION OF CREDITOR M | ATRIX | | |
| | | Number of | Number of Creditors: 27 | | |
| | The above-named Debtor(s) is (our) knowledge. | hereby verifies that the list of credit | ors is true and | correct to the best of my | |
| Date: | October 9, 2017 | /s/ Mohammad H. Khan Mohammad H. Khan Signature of Debtor | | | |

Ashalnd Medical Specialists 830 N. Ashland Ave. Ste. 1 Chicago, IL 60622

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Ccs/Cortrust Bank Po Box 7030 Mitchell, SD 57301

Chicago Health & Rehab Clinic 2400 W. Devon Ste. 214 Chicago, IL 60659

Credit First N A 6275 Eastland Rd Brookpark, OH 44142

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Dr. Neema Bayran 830 N. Ashland Ave. Chicago, IL 60622

Dr. Paul Risner 34157 North Route 45 Grayslake, IL 60030

Edgebrook Open MRI 5320 W. Devon Ae. Chicago, IL 60646

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

Hsbc Bank Po Box 9 Buffalo, NY 14240

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Illinois Back and Neck Institute 830 N. Ashland Ave. Chicago, IL 60622

Merrick Bank Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

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Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

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Progressive Radiology 720 E. Rollins Road Round Lake, IL 60073

Syncb/Walmart Po Box 965024 Orlando, FL 32896

Td Bank Usa/Targetcred Po Box 673 Minneapolis, MN 55440

The Pain Center of Illinois 830 N. Ashland Chicago, IL 60622

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Webbank/Fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303